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March 17, 2005

Receiver: U.S. Patent and Trademark Office

TEL #:

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Sender: Susan W. Xu for Justin A. White

Our Ref. No.: IGTIP119

Re: Application No. 09/688,854

Pages Including Cover Sheet(s): 19

MESSAGE:

Please deliver the attached Amendment Transmittal, the Response to Office Action of December 21, 2004, Declaration of Richard Rowe under 37 C.F.R. § 1.132 and Declaration of Michael Oberberger under 37 C.F.R. § 1.132 to Examiner Pillai.

Please enter this in the file.

CONFIDENTIALITY NOTE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Rowe et al.

Attorney Docket No.: IGT1P119

Application No.: 09/688,854

Examiner: N. Pillai

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Filed: October 16, 2000

Group: 2173

MAR 17 2005**Title: METHOD AND SYSTEM FOR
CONFIGURING A GRAPHICAL USER
INTERFACE BASED UPON A USER PROFILE**

Confirmation No.: 1791

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 703-872-9306 to the U.S. Patent and Trademark Office on March 17, 2005.

Signed: 

Susan W. Xu

AMENDMENT TRANSMITTALMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	30	MINUS	30	00	x 25 =	x 50 = 00
Independent Claims	04	MINUS	04	00	x 100 =	x 200 = 00
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
Total					\$	\$

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. IGT1P119).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP
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